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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/489,850
	Filing Date	January 24, 2000
	First Named Inventor	Alstyne et al.
	Title	Methods to clear meningitis . . .
	Art Unit	1645
	Examiner Name	Patricia Ann Duffy
	Attorney Docket Number	ALSTYNE-P001

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Diane VanAlstyne</i>	Date	<i>May 1, 2011</i>
Name	<i>Diane VanAlstyne</i>	Telephone	<i>250-493-3793</i>
Title and Company	<i>CEO Insight Biotech Inc</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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